

**BY ORDER OF THE COMMANDER
AIR FORCE RESERVE COMMAND**



AIR FORCE INSTRUCTION 10-248

AIR FORCE RESERVE COMMAND

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Operations

FITNESS PROGRAM

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AFI 10-248, 1 January 2004 is supplemented as follows. This supplement supersedes all guidance provided in, AFRCI 40-501, 31 May 1999, *Air Force Reserve Fitness Program*; and AFRCI 40-502, 28 Oct 2002, *Air Force (USAFR) Weight and Body Fat Management Program*. AFRC supplemental material is annotated. This supplement describes Air Force Reserve procedures to be used in conjunction with the basic instructions. It applies to unit assigned Air Force reservists (traditional Reservists and Air Reserve Technicians [ART]), Active Guard Reserve (AGR) personnel assigned to reserve units, individual mobilization augmentees (IMA), and participating Individual Ready Reserve (PIRR). AGR personnel assigned to active duty (AD) units do not fall under this supplement; they will follow the guidance in AFI 10-248. Individual mobilization augmentees are tested through their attached/assigned unit under the guidelines of AFI 10-248. Intervention, retesting and administrative actions for IMAs are governed by this supplement. Reservists will meet the same physical fitness standards as the active component, but there are variations in the sub maximal aerobic fitness testing and in the intervention and education aspects of the program that are time, resource, or participation status driven. AF Reservists rely on AD host programs for support. This instruction requires the collection and maintenance of information protected by the Privacy Act of 1974. Ensure that all records created as a result of prescribed processes are maintained in accordance with AFMAN 37-123, *Management of Records*, and disposed of in accordance with AFMAN 37-139, *Records Disposition Schedule*. The authority to collect and maintain the records prescribed in this instruction is Title 10, United States Code, Section 8013. Privacy Act system of records notice F044 AF SG N, Physical Fitness File, applies.

1.1.1. (Added) US Air Force Chief of the Reserve (AF/RE). Directs implementation of the program as it applies to Air Force Reservists. Develops additional policy and procedures applicable to Reserve participation.

1.8.3. AFRC/CC through AFRC/SG appoints a fitness, nutrition and health promotion consultant to operate as a liaison between wing programs and AFMSA to support the fitness program.

1.9.2. AFRC wing commanders promote and support unit fitness programs as mission requirements allow. Wing commanders will establish local policy for subordinate unit commanders regarding use of duty time for Physical Training (PT) during unit training assemblies (UTA), annual tours (AT) and special tours. Encourages all assigned personnel to participate in a regular personal exercise program.

1.9.3. AFRC wing commanders will make arrangements for suitable testing facilities, personnel and funding to establish and maintain physical training programs and assessment for assigned units.

1.9.3.1. Reference to FPM is not applicable for AFRC. A wing level Information Systems Manager for the Fitness Program will be appointed by the wing commander as an additional duty.

1.9.4.2. AFRC wing commanders will not need to resource FAMs since cycle ergometry is not conducted in Reserve units.

1.9.4.3. Approves 1.5 mile run and 3 mile walk testing courses with input from Fitness Coordinator (FC) when there is no AD FPM available as a consultant.

1.9.7. This applies to Reserve members that are mobilized in place.

1.9.8. (Added) Requests host HAWC support during UTAs and seeks access for reservists in marginal and poor fit categories to HAWC intervention programs on a space available basis.

1.9.9. (Added) May authorize man-days or points for Reservists to attend voluntary intervention programs at HAWCs.

1.9.10. (Added) Designates a wing Fitness Coordinator (FC) to provide wing-level oversight of the fitness program.

1.9.11. (Added) Subject to AF and AFRC contracting policies and guidelines may contract the services of civilian exercise physiologists or fitness consultants to provide individual or group fitness education.

1.10.2. This includes IMA/PIRR assigned/attached to active duty units and tenant unit Reservists assigned to associate units supported by active duty medical treatment facilities (MTFs).

1.10.3. For AFRC units the commander will appoint an information systems manager for the fitness program. Oversight will be provided by HQ AFRC/SCOS and HQ AFRC/SGSI).

1.11.1. Reserve Services commanders or chiefs at non-located bases will identify to installation commander the requirements for adequate staff, facilities, equipment, and resources to support fitness. At collocated bases, coordinates Reserve unit access to staff, facilities, and resources for the fitness program with host.

1.11.4. AFRC Services commanders/directors will encourage food facility directors to offer healthy meals and healthy eating awareness program at Services food facilities.

1.11.5.3. (Added) AFRC fitness centers do not provide FPM training, FIP classes, or PT Leader training.

1.12.3. Reserve commanders encourage and support unit fitness programs as mission requirements allow. PT programs not outlined in **Attachment 3** or AFRC guidance should be written and reviewed/developed in consultation with the host FPM or HQ AFRC/SGP.

1.12.3.1. Reserve commanders will offer a unit-based physical training program at least three times per week for AGR and activated Reservists specifying frequency of required individual participation.

1.12.3.2. (Added) Reserve commanders encourage ART personnel to participate in duty time exercise programs according to AFRC policy for civilian employees and develops plan for their participation.

1.12.3.3. (Added) Reserve commanders determine if traditional Reservists will exercise during unit training assemblies(UTA) and annual tour (AT) duty hours. For IMA and PIRR, the commander of the attached unit will determine exercise requirements during individual duty for training periods (IDT) and AT.

1.12.4. Reserve commanders ensure all AGR and activated Reservists are permitted up to 90 minutes of duty time for physical training three to five times weekly.

1.12.5.3. Reserve commanders ensure PT leader receives instruction on the unit fitness program. When feasible, PT leaders attend host HAWC training. PT leader training may be by teleconference, video broadcast, computer based training, etc.

1.12.5.4. (Added) Reserve unit PT leaders may be appointed to conduct unit training if the commander elects to have a group PT program.

1.12.6. Reserve members must receive training from the FC or other method approved by AFRC/SGP prior to conducting body composition assessments if training cannot be obtained from the AD FPM.

1.12.9.1. Applies to AGR members. At collocated bases, Reserve members are encouraged to attend HLW, FIP and BCIP on their own time. At non-collocated bases, Reservists will be offered education/intervention programs through multimedia.

1.12.9.3. For Reservists this applies to inter and intra-unit transfers and change of attachment.

1.12.9.4. (Added) Directs members in poor fit categories to enter into a self-paced fitness improvement program (SFIP). Member participation in non-duty status is encouraged.

1.12.10. Reserve commanders can request staff assistance from host HAWCs.

1.12.11. Reserve commanders consider referral of deploying members in the marginal/poor fit categories to the reserve medical unit (HAWC not available) for consultation prior to deployment.

1.12.12. Reserve commanders will ensure members returning from deployment, who were exempted during deployment, are tested within 90 days after return and reconstitution period. The 90 day period allows acclimatization and integration into the UTA/IDT FP schedule.

1.12.13. (Added) Reserve commanders may authorize man-days or points for personnel to attend HLW, BCIP, or FIP classes at host HAWCs where they are available.

1.14.1. Reserve UFPMs complete UFPM training within 60 days of appointment.

1.14.2.5.1. All sections of **AF Form 108** apply to AGRs. For traditional Reservists, sections II and III are optional but recommended.

1.14.2.5.2. At collocated bases, notifies the HAWC of members that are eligible to attend the HLW and/or FIP. Schedules all AGR members and Reservists who opt to attend HLW, FIP, BCIP for education/intervention at HAWC as appropriate.

1.14.2.5.3. Reserve UFPM Tracks and reviews **AF Form 1975**, *Fitness Improvement Activity Log – Aerobic Training – Strength Training*, or electronic equivalent for AGRs on FIP or for traditional reservists/IMAs on SFIP.

1.14.5. (Added) Notifies members whose scores are <70 during the UTA/IDT in which they were tested.

1.14.6. (Added) Provides members whose composite scores are less than 70 with information to access FP web-based educational tools.

- 1.14.7. (Added) Provides information and reports to the wing Fitness Coordinator as required.
- 1.14.8. (Added) Reports adverse events (illness/injury) associated with fitness program participation to unit commander, Fitness Coordinator, and reserve medical unit or host medical treatment facility.
- 1.15.2. For AFRC, ensures all members are permitted duty time for physical training in accordance with wing policy.
- 1.16.1. In AFRC, the primary responsibility is to conduct unit fitness assessments. The unit PT program is at the discretion of the unit commander. It is highly recommended that the PT leader attend an initial PT leader course instructed by host HAWC staff, if available before conducting unit PT program. Must complete AFRC-specific PT leader training prior to performing assessments.
- 1.16.2. AFRC PT leaders are encouraged to attend host fitness center orientation where available.
- 1.16.4. FPM approval of AFRC PT programs is N/A. The host FPM can be consulted where available.
- 1.16.7. (Added) Report adverse events (injuries/illness) associated with fitness program participation to UFP, and reserve medical unit or host military treatment facility.
- 1.17.1. For AFRC units, also includes medical exemptions, medical profiling, and medical aspects of Line of Duty (LOD) determinations
- 1.17.2. In AFRC units, RCPHA replaces PHA.
- 1.17.5. (Added) AFRC equivalent is Fitness Program Medical Liaison (FPML). The FPML will normally be the Chief, Aerospace Medicine (SGP) for the Reserve Medical Unit (RMU) that provides health service support to the parent wing/group. The FPML should be a medical provider since the scope of duties requires making medical dispositions.
- 1.17.6. (Added) Provides medical disposition based on reports from health care providers related to members' participation and testing (added).
- 1.17.7. (Added) Establishes procedures with AD host medical treatment facility (MTF) for referral of eligible reservists for medical evaluation and treatment.
- 1.17.8. (Added) Reports adverse events related to fitness program participation (see [Attachment 15 \(Added\)](#)).
- 1.19.6. (Added) The Health Promotion Flight Commander/Chief or Element Leader does not exist in AFRC units.
- 1.20.7. (Added) Provides support to AFRC units on space available basis since this expertise is not available in AFRC wings.
- 1.21.5. (Added) Nutrition Program Manager/Certified Diet Therapy Technicians do not exist in many AFRC units. Para **1.21.** applies to AD support of Reservists.
- 1.22.1.2. In AFRC units the wing FC will assign roles for access to the fitness assessment database
- 1.23.5. (Added) Fitness Assessment Monitors are N/A in AFRC units. AFRC units do not conduct cycle ergometry testing.
- 1.24.5. (Added) AFRC does not have MTFs. For Reservists receiving medical support from active duty medical treatment facilities (IMA/PIRR/AGR and GSUs), para **1.24.1.** through **1.24.4.** apply. In AFRC

medical units, medical providers serve as Periodic Health Assessment Monitor. (PHAMs) with the following responsibilities:

1.24.5.1. (Added) Maintains familiarity with fitness policy, screening, profiling and exempting procedures for fitness assessments.

1.24.5.2. (Added) Attends training from the FPML as required regarding fitness program policies, medical conditions affecting fitness assessments, and profiling and exempting procedures.

1.24.5.3. (Added) Reviews cardiovascular and other health risk screening on Reservists during RCPHA evaluations to determine risk level and ability to fully participate in exercise and fitness testing.

1.24.5.4. (Added) Performs FP participation assessments on Reservists referred by the commander or UFPM.

1.24.5.5. (Added) Provides risk assessment and recommendations for members referred by UFPMs due to positive response on Air Force Reserve Fitness Screening Questionnaire ([Attachment 16 \(Added\)](#)). If member has a positive response related to a medical concern or condition that is not in line of duty (LOD), the PHAM will either clear the member for testing or advise the member to seek further evaluation from their health care provider and report results back to the Reserve medical unit. Notify UFPM of any medical exemptions including temporary exemptions pending further reevaluation by health care provider.

1.24.5.6. (Added) Evaluates members unable to achieve a score >70 for greater than 12 months for medical cause for inability to improve; refers to health care provider as required.

1.24.5.7. (Added) Completes AF Form 422, *Physical Profile Serial Report*, for members unable to perform any component of the fitness test and/or has existing medical conditions that preclude any component of fitness testing or conditioning IAW para [4.1](#).

1.24.5.8. (Added) Reviews medical information on reserve members from their health care providers to determine ability to participate in the fitness assessment. Recommendations of medical exemptions from testing from members' health care providers must be validated by a military provider before an exemption is granted.

1.24.5.9. (Added) Provides medical assessment of any injuries sustained during fitness testing and initiates appropriate LOD and profiling actions.

1.26.1. Reservist participation requirements in a unit physical fitness training program will be determined by the unit commander in concert with training schedules and mission requirements.

1.26.2. Reservists will meet the same AF fitness standards as AD members.

1.26.3. Reservists must attend all required FP testing and medical screening appointments. Attendance of intervention programs is voluntary unless the member is in active duty status.

1.26.4. (Added) Reservist consults their personal health care provider if they have concerns or conditions that affect safe participation in a personal fitness training program or FP assessment or if they have responses on the fitness screening questionnaire that require medical evaluation or treatment. Member should do this in advance of required testing to preclude cancellation of testing. Member should bring documentation from their health care provider to the RMU for unit members or MTF for IMA/PIRRs if their health care provider recommends any restrictions or modifications to the fitness testing or personal fitness program due to a medical condition.

1.26.5. (Added) Reservist notifies RMU (host MTF for IMAs) at the next UTA/IDT of any change in health status affecting participation in the program and provides medical documentation from their health care provider.

1.27. (Added) **Wing Fitness Coordinator (FC)**

1.27.1. (Added) The FC is appointed by the wing/group commander.

1.27.2. (Added) Oversees administration of the wing fitness assessment program.

1.27.3. (Added) Develops local procedures for the 1.5 mile timed run and the 3-mile walk IAW **Attachment 8**.

1.27.4. (Added) Conducts periodic quality checks on physical testing to ensure safety.

1.27.5. (Added) Oversees use of fitness software by UFPs; ensures most recent versions of software are installed/maintained.

1.27.6. (Added) Reports quarterly statistics to the wing/group commander.

1.27.7. (Added) Attends applicable FP training courses.

1.27.8. (Added) Ensures PT leaders are Cardiopulmonary Resuscitation (CPR) certified (not required to be medical personnel) and trained in the use of an automatic defibrillator (AED).

1.27.9. (Added) Provides initial and refresher orientation and training on the FP to UFPs and PT Leaders.

1.27.10. (Added) Coordinates with Fitness Program Medical Liaison to report adverse events related to Fitness Program participation to HQ AFRC/SG (see **Attachment 15 (Added)**).

1.27.11. (Added) Assigns fitness assessment database user roles and privileges to wing personnel.

1.28. (Added) **Reserve Medical Unit (RMU) Commander Responsible for Health Service Support to the Wing/Group**

1.28.1. (Added) Ensures qualified medical staff provides evaluation for Reservist participation in duty status PT and fitness assessment testing and medical referral to the member's health care provider for those in high risk or poor fit category. AFRC medical providers perform duty dispositions during UTAs and do not provide medical treatment or extensive behavior modification or nutrition and fitness education.

1.28.2. (Added) Appoints a Fitness Program Medical Liaison (FPML) as the POC for medical support of the fitness program (FP).

1.28.3. (Added) Coordinates with host MTF to establish medical support to the Reserve FP to include space available access to the host HAWC and associated intervention programs.

1.28.4. (Added) Provides a local network of health education resources to support the FP as determined feasible and resourced by the wing commander.

2.1. Due to limited training time, the emphasis for Reservists is on personal fitness. Unit PT during the monthly UTA/IDT cannot take the place of a regular personal fitness program. Unit physical training promotes aerobic and muscular fitness, flexibility, and optimal body composition of each member in the unit. The unit PT program is encouraged in Reserve units and is at the discretion of the commander who must determine priorities in relation to training and other mission requirements. For IMAs, the unit commander

will determine requirements for participation. AGRs will participate in a unit fitness training program. ARTs can participate in duty time exercise in civilian status per guidelines for civil service employees.

2.2.5. (Added) Reserve unit training duty time (UTA, IDT and AT) can include PT at the discretion of the commander, as an integral part of mission requirements.

3.2.1. The Reserve charts include 3-mile walk scores for the Reserve unit sub maximal aerobic test. The FC will be the local point of contact for the fitness score charts.

3.4.1. For Reservists: Test within the next 12 months and by the 1st day of the 13th month following the previous test.

3.4.2. For Reservists: Test within the next 6 months or by the first day of the 7th month following the previous test.

3.4.3. AGR must retest within 90 days. All other Reservists: Test within 6 months, or by the 1st day of the 7th month following the previous test but not within 45 days of the previous test. This time period facilitates lifestyle change and sufficient conditioning time to increase fitness level while preventing injury. Retesting intervals for IMA/PIRR members will be the same but must be timed within annual tour/inactive duty periods. Members can be retested after 45 days if their FIP/SFIP documentation indicates they are ready to pass and a testing opportunity is available. Members will not be penalized for scoring <70 on an early retest before the end of the retest interval.

3.5.2. Reservist currency: Must retest within 6 months (by the 1st day of the 7th month following the previous test).

3.5.3. Reservist currency: Must test within the next 6 months (by the 1st day of the 7th month following the previous test). Member can attend the HLW and BCIP where available from the host unit.

3.5.4.3. If a Reservist is unable to complete any scheduled fitness test or classes due to mission requirements or rescheduled/excused UTA, the member must be rescheduled at the next available UTA/IDT assessment date.

4.1. **General.** The Reserve unit will conduct all body composition, 1.5 mile timed run, 3-mile walk, pushups and crunch assessments. AD unit of attachment will conduct all testing for IMA/PIRRs. Some associate units and GSUs may have cycle ergometry or one-mile walk test performed by the host HAWC.

4.2.1. The annual Reserve Component Periodic Health Assessment (RCPHA) will serve as the primary medical screening process for unit Reservists to determine those personnel at risk. IMA/PIRR will use PHA

4.2.1.1. All Reservists must complete or revalidate the Air Force Reserve Fitness Screening Questionnaire (**Attachment 16 (Added)**) within 1 month (previous UTA/IDT) of the fitness assessment. The requirement for NLT 7 days prior is deleted to accommodate UTA/IDT schedule

4.2.1.2. Reservists with a Fitness Screening Questionnaire that requires them to notify their UFPM or RMU/MTF must be cleared by an AF medical provider prior to their fitness assessment. Refer members with any "yes" answer on the Fitness Screening Questionnaire (except yes to question 3) to the RMU for unit Reservists or to the host MTF for IMA/PIRRs. AGRs will be referred to the MTF at collocated units and referred to the RMU at non-collocated units.

4.2.2. RMU and MTF providers will evaluate the member for participation in duty time PT and testing. The military provider will make a duty disposition and document any restrictions or exemptions on an AF Form 422. Assessment for participation in fitness activities should be made during the RCPHA/PHA to prevent the member from having to return for clearance or exemption at a later date. If a member develops a medical condition or concern after the RCPHA/PHA but before scheduled testing, he/she should identify that to the RMU (unit Reservists) or MTF (for AGR/IMA/PIRRs) and seek evaluation from the RMU/MTF provider if a testing exemption or modification is anticipated. Member should provide documentation from their healthcare provider if there is a limiting condition.

4.2.3.1. If a Reservist is medically exempted from the 1.5 mile run, the military provider will determine if clearance is appropriate for the sub maximal aerobic fitness assessment. For unit reservists the standard sub maximal test is the 3 mile walk. For IMAs, the sub maximal aerobic fitness test is cycle ergometry or the one-mile walk test. Some unit Reservists (primarily GSUs and Associate Units) may have access to cycle ergometry through the host HAWCs and can use the cycle ergometry test or 1-mile walk as the sub maximal test. If sub maximal aerobic testing is not medically indicated, the provider can exempt the member from the aerobic component.

4.2.5. Reserve units do not have an FPM for referrals. RMU providers will advise Reservists to consult their health care provider for medical evaluation if indicated to recommend specific physical training appropriate for medical condition. The RMU may refer the Reservists to Host FPM if available. RMUs will provide evaluation for participation in duty time PT and testing and for conditions found in line of duty or service aggravated. MTFs can provide space available evaluation as required for Reservists. IMA/PIRRs may be referred by the MTF to their health care provider. To obtain an exemption based on evaluation and recommendation of health care provider, the member must provide the RMU with medical documentation from their health care provider to include diagnosis, treatment, prognosis, and physical limitations/restrictions.

4.2.6.2. AGR members with a medical exemption for testing or for whom fitness training must be modified for greater than 30 days, including pregnancy will be referred to the host FPM for an exercise assessment, prescription, and counseling. Other reservists can be referred on a space available basis.

4.2.7. For Reservists, the MEB process is replaced by fitness for duty (FFD) determination for unit reservists or the equivalent ARPC process for IMA/PIRR. Line of duty medical conditions for Reservists are processed as MEBs.

4.2.7.3. (Added) For Reserve members returned to duty, by MEB/FFD/physical evaluation board (PEB), a permanent exemption will be granted as appropriate and will be annotated in the remarks section of the **AF Form 422**.

4.2.8.1. This is conditional on completion of the 6 week reconditioning period.

4.2.9.1. Pregnant Reservists should discuss their fitness program with their personal physician.

4.2.9.2. Fitness test exemption for Reservists with pregnancy ending earlier than full term will be determined with input from the member's health care provider.

4.2.11. (Added) Members injured during fitness assessments should undergo immediate evaluation and referral for care as required. The unit will initiate an LOD determination IAW AFI 36-2910.

4.3.1. For Reservists, components of the fitness assessment (body composition, aerobic and muscular fitness assessments) should be completed on the same UTA/IDT and must be completed within 5 consecu-

tive calendar days. If not completed on the same duty day, the components can be completed in any order as determined by the UFP. The member must be in a duty status during the assessment.

4.3.3.2. Reserve unit members medically exempted from the run will complete the sub maximal aerobic test (three-mile walk according to procedures in **Attachment 17 (Added)**, except in cases where the unit has access to cycle ergometry from a host HAWC or 1-mile walk). IMAs and PIRR exempted from the run will complete cycle ergometry according to procedures in **Attachment 9**, or the one-mile walk according to **Attachment 10**.

4.3.3.3.1. IMA/PIRR and other Reservists who receive an invalid cycle ergometry result must be reassessed by cycle ergometry within 30 calendar days. Members who fail to return for a reassessment within 30 calendar days may receive administrative action. See paragraph 6.5. Reservists may not take the cycle ergometry test twice on the same day unless approved by the FPM since this could decrease the member's score.

4.3.3.4. (Added) Reservists who test at locations at an altitude >4000 feet above that of which they live and perform their personal physical training may perform the sub maximal aerobic test in lieu of the 1.5 mile run. UFP will allow the exemption at the member's request upon verification of residence. This exemption is both a performance factor and a safety factor. This exemption is for traditional reservists and IMAs only that are not afforded the 6 week time to acclimate to the test site. Reservists in this category who opt to perform the run prior to a 6-week acclimatization period and score <70 can be retested not later than the following month using the sub maximal aerobic test. The result of the sub maximal test will be used to recalculate their fitness score.

4.3.4.3. (Added) Reserve unit testing: under the supervision of the PT Leaders, individuals will form groups of two for push-ups and crunches assessments. One member will perform the exercise while the other assists and counts. Members will then switch roles.

5.1.1. Web based information is available for commanders at the USAF Surgeon General Knowledge Exchange web site. Reserve units should access host wing community based education and awareness program where available. Where not feasible, a web-based education and awareness program addressing nutrition and fitness will be available to all members.

5.1.3. AGR will rely on active duty host programs. Reservists including IMA/PIRR can attend host HAWC intervention and education programs on a space available basis. The AF will continue to develop virtual HAWC capabilities in partnership with the ARC.

5.2.1. AGR and activated Reservists must attend the HLW. Other Reservists may be referred to the Healthy Living Workshop on a space available basis.

5.2.2. AGR and activated reservists must attend HLW, FIP and BCIP as required. Unit Reservists/IMA/PIRR members are responsible for a personal fitness training program. They will be enrolled in a self-paced fitness improvement program (SFIP), encouraged to participate in a personal fitness training program, and advised of their retesting date. There is no requirement for reserve members to attend the HLW, but may do so where available.

5.2.2.1. (Added) The commander enters the member into the SFIP by letter (**Attachment 18 (Added)**) during the same UTA/IDT in which the member completed the fitness assessment. The member will endorse the memo, keep the original and return a copy to the commander.

5.2.3. (Added) AGR Reservists in poor fit categories will follow all education and intervention and requirements. HAWC classes (HLW/BCIP/exercise prescription) can be attended at local host HAWC or by virtual classes conducted by VTC/teleconference.

5.3. **Programs Provided by the HAWC.** AFRC commanders should coordinate with host MTF to make HAWC intervention programs periodically available to Reserve units during UTA weekends.

5.3.1.1. AFRC members may attend HLW provided by host wing in a duty or non duty status where available. HLW is required for all AGR and activated Reservists with a fitness score <75, and is encouraged for all other Reservists.

5.3.2.1. The Fitness Improvement Program is required for AGR and activated reservists with a fitness score <70. Other reservists may participate in the Self-paced Fitness Improvement Program (SFIP).

5.3.2.2. Reservists in the SFIP may receive an individual exercise prescription from the FPM at a host HAWC on a voluntary space available basis. This intervention may be in a group setting or by teleconference/VTC.

5.3.2.3. Monthly follow-up with FPM applies only to AGR and activated Reservists in the FIP

5.3.2.9. (Added) Reserve members in the SFIP document participation in the SFIP using **AF Form 1975**. The **AF Form 1975** should be reviewed by the UFPD and member's supervisor on a monthly basis (normally during UTA/IDT). The SFIP is a tool for the commander to assess the level of effort and progress of the member toward meeting AF fitness standards, and can be taken into consideration in determining administrative actions if score remains <70 for >6 months. Guidance for adequate participation in the SFIP is in **Attachment 2**. This activity needs to be targeted toward achieving at least a 70 fitness score within 6 months.

5.3.3.1. Body Composition Improvement Program (BCIP). BCIP is mandatory for AGR and activated Reservists meeting criteria. Other reservists meeting these BCIP criteria are encouraged to attend BCIP sessions at a host HAWC on a space available basis.

5.4.1. AFRC Commanders should conduct a Fitness Review Panel meeting twice a year to review members with scores <70 for greater than 12 months. The FRP will consist of the unit commander, unit first sergeant, member's supervisor, and/or military medical provider. FRP for IMA/PIRR will consist of the unit commander, unit first sergeant, member's supervisor, fitness program manager, dietician/diet therapist and military medical provider.

5.4.2.3. (Added) FRPs for Reserve members will make recommendations regarding discharge or transfer to inactive reserve for members failing to show progress.

6.2. **Students.** Health Professions Scholarship Program and Financial Assistance Program will align fitness testing standards with this instruction

6.3.1.1. Reserve members not medically cleared to run will complete the 3-Mile Walk assessment, cycle ergometry(if available), or 1-mile walk(if available). Instructions for the 3-mile walk and one-mile walk are in **Attachment 17 (Added)** and **Attachment 10**.

6.3.1.2. The FC at the supporting AFRC unit will provide assessment support to the GSU commander.

6.3.1.4. (Added) The AFRC Recruiting Service will manage the Fitness Program for all AFRC Recruiters.

6.3.2. (Added) Reserve Direct Reporting Units (DRUs) will be managed the same as GSUs.

6.4.1. Unit PT programs for traditional Reservists during UTA and annual tour are at the discretion of the unit commander (see **Chapter 2**)

6.4.3. (Added) AGR personnel will participate in duty time PT. AGR personnel assigned to AFRC units will have the same requirements as active duty personnel with the exception that they will use the 3-mile walk as the sub maximal test in lieu of cycle ergometry.

6.4.4. (Added) AGRs in the poor fit category will be referred to the host unit HAWCs for intervention programs (BCIP, HLW and FIP).

6.4.5. (Added) AGRs at non-located units may be sent TDY as required to accomplish BCIP, HLW and entry into the FIP.

6.4.6. (Added) Weekly participation in the FIP for non-located AGRs will be accomplished locally and documented on **AF Form 1975** and validated by UFPM, Unit PT leader or other person designated by the commander for each session.

6.4.7. (Added) Unit Reservists in the poor fit category who are mobilized or placed on extended man-day tours gained by active component(AC) units with a functioning FIP will be referred by the AFRC unit commander to the HLW and FIP through the gaining commander using the referral memo in **Attachment 14**. Members will not be placed on orders for the sole purpose of participation in the HLW/FIP. All other activated fit category members will participate in unit PT per the requirements of the gaining unit.

6.4.8. (Added) For unit Reservists not medically cleared to run, the three mile walk will serve as an alternate sub maximal aerobic fitness test.

6.5.2. For centrally managed IMAs the unit of attachment has overall responsibility for managing the fitness program, forwarding a copy of the result to the unit of assignment.

6.5.4. IMA/PIRR Reservists in the poor fit category who are mobilized or placed on extended man-day tours gained by AC units with a functioning FIP will be referred to the HLW, BCIP and FIP through the gaining commander. Members will not be placed on orders for the sole purpose of participation in the HLW/BCIP/FIP. All other activated fit category members will participate in unit PT per the requirements of the gaining unit.

6.5.6. IMA/PIRRs who remain poor fit after a second 6 month period are referred to the commander of the unit of assignment or attachment for appropriate action. This interval is changed to match Reserve unit program.

6.5.7. (Added) IMAs in the poor fit category will have up to 6 months to retest.

6.5.8. (Added) IMAs/PIRRs will participate in PT per the guidance of their attached unit.

6.6. **Installations with Extreme Weather Conditions.** Commanders of Reserve wings with extreme weather conditions may request a waiver from AFRC/CV to postpone 1.5 mile run and 3 mile walk testing for extreme weather conditions (reference **A8.3.**). The waiver must specify periods unable to complete the run test safely and must be renewed yearly. Waivers for IMA/PIRR members to perform cycle ergometry in lieu of the 1.5 mile run will be requested by attached/assigned commanders.

7.1.4. The fitness program software application is available to AFRC. HQ AFRC/SCOS and HQ AFRC/SGSI will provide interface with the AF system administrator.

8.2.1.1. Documentation of FIP does not apply to traditional Reservists, ARTs and IMA/PIRR. Documentation of SFIP is encouraged for use by commander and FRP.

8.2.2. Commanders of traditional reservists, ARTs, and IMA/PIRR will take administrative action for members that have a composite score <70 for greater than 12 months (second retest) and each subsequent composite score <70 if member shows no sign of improvement. Commanders may take administrative action at their discretion in accordance with **Attachment 19 (Added)** for these reservists who have a composite score <70 for greater than 6 months (first retest).

8.2.3. Failing to make satisfactory progress in the SFIP does not in itself constitute a violation of the Uniform Code of Military Justice (UCMJ).

8.2.5. For Reservists (except AGR), Commanders will review and determine eligibility for reassignment, reenlistment, retraining, formal training, PME, and promotion for all members who remain in the poor fit category for greater than 12 months.

8.2.6. For Reservists, the unit commander will consider administrative separation if a member remains poor fit for greater than 24 months (see AFI 36-2612, *United States Air Force Reserve (USAFR) Reenlistment and Retention Program*; AFI 36-3209, *Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members*; and AFI 36-2504, *Officer Promotion, Continuation and Selective Early Removal in the Reserve of the Air Force*).

8.3.1.1. Reservists enrolled in the Self paced Fitness Improvement Program must participate in the FIP and any scheduled fitness assessments while in training status. This applies to Reservists on active duty for school tours.

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFI 36-2504, *Officer Promotion, Continuation and Selective Early Removal in the Reserve of the Air Force*

AFI 36-2612, *United States Air Force Reserve (USAFR) Reenlistment and Retention Program*

AFI 36-3209, *Separation and Retirement Procedures for Air National Guard and Air Force Reserve Procedures*

AFMAN 36-8001, *Reserve Personnel Participation and Training*

Abbreviations and Acronyms

AD—Active duty

AGR—Active Guard/Reserve

ART—Air Reserve Technician

AT—Annul tour

FC—Fitness Coordinator

FFD—Fitness for Duty

FPML—Fitness Program Medical Liaison

FRP—Fitness Review Panel

IDT—Individual duty for training

IMA—Individual Mobilization Augmentee

MTF—Medical Treatment Facility

RMU—Reserve Medical Unit

SFIP—Self-Paced Fitness Improvement Program

UTA—Unit training assembly

Terms

Fitness Assessments—All Reservists use the 1.5 mile run for aerobic assessment. The sub maximal aerobic test for IMAs/PIRRs is cycle ergometry or one-mile walk test at the direction of the attached unit. The sub maximal aerobic test for unit Reservists is the 3-mile walk

Fitness Assessment Monitor (FAM)—FAMs are N/A for AFRC units since AFRC does not conduct cycle ergometry.

Fitness Improvement Program (FIP)—FIP is applicable to AGR and activated Reservists

Geographically Separated Units (GSUs)—Reserve units may be geographically separated from their parent wing, but may reside as tenants on active duty bases.

Health Care Provider—For purposes of this instruction this is defined as the Reservist's personal medical provider. This could be either a primary care manager or a specialist. In most cases this will be a civilian practitioner, but in cases where the member is a military dependent or is in active duty status this could be a military provider.

Self-paced Fitness Improvement Program (SFIP)—A remedial intervention program recommended for traditional Reservists, ARTs, IMA and PIRR members identified with a composite poor fit score. Since they are in a non-duty status, their participation in the FIP is not mandated. Members are highly encouraged to take part on a voluntary basis in all available intervention programs to include an individualized fitness prescription, heart rate-monitored exercise, supervised unit/fitness center physical training, and documented exercise participation to assist in administrative recommendation for those remaining poor fit >12 months (3 consecutive scores less than 70). AGR and activated Reservists in the poor fit category will participate in the FIP and BCIP.

Sub Maximal Aerobic Fitness Assessment—An alternate aerobic fitness test for those with a medical exemption for the 1.5-mile run. Medical exemption can be based on moderate or high risk (such as cardiac or pulmonary disease) or medical restriction that precludes running. Reservists can also use the sub maximal aerobic assessment due to an altitude exemption (see para 4.3.3.4. (Added)). Approved sub maximal aerobic assessments are cycle ergometry, three-mile walk, and one-mile walk.

Add the following to Attachment 2

NOTE: Reserve members can consult HAWCs and AFRC fitness center trainers where available. Members are highly encouraged to seek professional advice from personal fitness trainers, Fitness Center, or Health and Wellness Center for assistance in establishing or adjusting their personal fitness conditioning program.

Add the following to Attachment 3

NOTE: Unit fitness training programs in AFRC are at the discretion of the unit commander based on mission needs and duty time available for fitness training.

Add the following to Attachment 5

NOTE: AGR assigned to AD units, IMA/PIRR and GSUs supported by MTFs use the previous memo. Unit Reservists use the following memo:

(Appropriate Letterhead)

MEMORANDUM FOR MILITARY MEDICAL PROVIDER

(date)

FROM: (Unit Commander, UFPM)

SUBJECT: Medical Evaluation Appointment

Evaluate **(rank, name)** IAW AFI 10-248, *Fitness Program*, for medical clearance to undergo fitness assessment and for possible enrollment in an exercise program. Upon completion of the medical record review or medical/evaluation, complete the endorsement below.

(Signature, originating official, or designated representative)

1st Ind, (Medical Provider)

(date)

TO: (Unit Commander)

I medically evaluated (rank, name) on (date).

Medical findings are as follows:

Member **is/is not** medically cleared for the 1.5 mile timed run.

If member **is not** medically cleared for the 1.5 mile timed run,
member **is/is not** medically cleared for the 3 mile walk assessment.
member **is/is not** medically cleared for cycle ergometry assessment.

Member **is/is not** medically cleared for the push-up assessment.

Member **is/is not** medically cleared for the crunch assessment.

Member **is/is not** medically cleared for exercise.

NOTE: Members who are not cleared for fitness assessments or exercise will have AF 422, Physical Profile Serial Report, attached.

Member should be scheduled for a medical reevaluation on (date) _____.

(Signature/Rank/Phone Number of Provider)

Add the following to Attachment 6

A6.1. For Reservists medically exempted from the run, the alternate test is the cycle ergometry test (IMAs), the 3 mile walk (unit Reservists), or the one mile walk (where available for GSUs).

A6.2. For Reservists using the walk, you will be timed as you walk (you are not allowed to run) a distance of three miles.

A6.3. For Reservists, the abdominal circumference measurement and muscular fitness component must be completed within five calendar days of the aerobic component, normally during the same the same UTA/IDT period.

Add the following to Attachment 8

A8.1.1. Reservists must complete the Fitness Screening Questionnaire within 1 month prior to their scheduled fitness test (normally accomplished on the UTA prior to the test).

A8.2.2. Reserve units consult with Fitness Coordinator (no HAWC staff available) to determine maximum number of individuals that should be tested at one time for safety of runners and to obtain accurate score.

A8.2.4. The reserve wing commander must approve the 1.5-mile run-testing course with input from the FC.

Attachment 15 (Added)**FITNESS PROGRAM ADVERSE EVENT REPORTING FORMAT**

Use this report format for Fitness Coordinator/Medical Unit reporting of Adverse Events when a member has a significant injury (e.g., broken bone or severe ligament injury) or illness (e.g., heart attack) associated with either fitness program assessment, unit physical training or SFIP exercise, on or off duty. Significant is defined as anything resulting in a P-4 profile, hospitalization, or death. Report to be faxed to HQ AFRC/SGP, DSN 497-0610.

Section I: Fitness Coordinator Report

- A. Unit/Wing/Installation
- B. Name/Rank/Age/SSAN of Member Experiencing Event
- C. Name/Rank/Duty Phone of Fitness Coordinator
- D. Date(s) of Event
- E. Duty Status of Member at time of Event
- F. Description of Event

Section II: Medical Unit Report

- A. Name/Rank/Duty Phone of Reserve Medical Unit POC
- B. Significant Past Medical History (As appropriate, include: tobacco use, previous cardiac or orthopedic problems, etc.)
- C. Additional Medical Information (As appropriate, include: height, weight, last Cholesterol values, current medications, and any follow-up information available.)

NOTE: Attach the current Fitness Screening Questionnaire, the last RCHRA, and other supporting medical documentation (previous narrative summaries, SF600 entries, etc.), and fax to HQ AFRC/SGP, DSN 497-0610, within 72 hours of RMU notification of an exercise related heart attack or death.

Attachment 16 (Added)**AIR FORCE RESERVE FITNESS SCREENING QUESTIONNAIRE**

1. Do you have a health condition **not** addressed in a physical profile (AF Form 422) that could be aggravated by participating in your unit's physical training program/fitness testing or that would preclude your safe participation?

☐ Yes Stop here; notify your Unit Fitness Program Manager (UFPM) and contact your Reserve Medical Unit (RMU) or host medical treatment facility (MTF) for evaluation.

☐ No Proceed to next question.

2. Do you have any of the following?

- Chest discomfort with exertion
- Unusual shortness of breath
- Dizziness, fainting, blackouts

☐ Yes Stop here; notify your UFPM and contact your RMU/MTF for evaluation.

☐ No Proceed to next question.

3. Are you less than 35 years of age?

☐ Yes Stop here; sign form and return to your Unit Fitness Program Manager.

☐ No Proceed to next question.

4. Do **two (2) or more** of the following risk factors apply to you?

☐ Physically inactive; that is, you have not participated in physical activities of at least a moderate level (i.e., that caused light sweating and slight-to-moderate increases in breathing or heart rate) for at least 30 minutes per session and for a minimum of 3 days per week for at least 3 months

- Smoked cigarettes in the last 30 days
- Diabetes
- High blood pressure that is not controlled
- High cholesterol that is not controlled

- Family history of heart disease (developed in father/brother before age 55 or mother/sister before age 65)

Abdominal circumference >40" for males; >35" for females

- Age = 45 years for males; = 55 years for females

☐ Yes Stop here; notify your UFPM and contact your RMU/MTF for evaluation.

☐ No Sign form and return to Unit Fitness Program Manager.

You must notify your UFPM and see your Reserve Medical Unit/MTF if you have a change in health that may affect your ability to safely participate in unit physical training.

Signature: _____ Date: _____

Printed Name: _____ Rank: _____

Duty Phone: _____ Office Symbol: _____

Authority: 10 USC 8013.

Routine Use: This information is not disclosed outside DoD.

Disclosure is Mandatory. Failure to provide this information may result in either administrative discharge or punishment under the UCMJ.

Attachment 17 (Added)**THREE-MILE WALK INSTRUCTIONS****A17.1. (Added) Considerations prior to the three-mile walk test**

A17.1.1. (Added) Members completing the test must wear proper fitness attire and fitness shoes

A17.1.2. (Added) Members must warm-up and stretch prior to completing the test

A17.1.3. (Added) Members must complete the Fitness Screening Questionnaire within 1 month (previous UTA) prior to their fitness test

A17.1.4. (Added) Course safety/environmental conditions as described in **Attachment 8 (A8.3)** to be evaluated

A17.1.5. (Added) Unit Physical Training (PT) leader will give instructions on administering and monitoring of the muscular fitness testing components. Muscular fitness testing may be completed before or after the three-mile walk test/5minute cool-down if done on same day (must be completed within 5 days).

A17.2. (Added) Requirements for administering the three-mile walking test

A17.2.1. (Added) A measured three mile, uninterrupted course (preferably a ¼ mile track) approved by the wing commander. The course will meet requirements of para A8.2.1. with the exception of the number of laps.

A17.2.2. (Added) Sufficient trained personnel must be present to be able to monitor members at all times, to record laps if necessary and to record walk completion times.

A17.2.3. (Added) Additional equipment requirements include timers, notepads, score cards, pens/pencils, optional exercise mats that are no more than 1 (one) inch thick

A17.3. (Added) Scoring results of the three-mile walking test

A17.3.1. (Added) Use tables in **Attachment 20 (Added)**.

A17.4. (Added) Verbal Instructions for the three-mile walking test. *Script is to be read to member prior to beginning the Three-mile Walking Test.*

The three-mile walk test is a sub-maximal aerobic fitness test.

You must complete a warm-up and stretching period.

You will walk a distance of three miles.

You are not allowed to run or jog.

You will be instructed to begin walking when the monitor starts the timer.

You are to walk the three-mile course (12 laps if using a ¼ mile track) as quickly as possible.

The accuracy of your score relies on you giving your best effort.

At the completion of your walk the monitor will immediately record your time.

Following completion of your assessment you must complete a cool-down of a slower walk of approximately 5 minutes or 2 additional laps (if test completed at a track).

If at any time during your assessment you are feeling short of breath, chest pain or of poor health, you must stop walking immediately and assistance will be given to you.

Attachment 18 (Added)**SAMPLE MEMORANDUM FOR ENTRY INTO THE SELF-PACED FITNESS
IMPROVEMENT PROGRAM (SFIP)**

(Appropriate Letterhead)

MEMORANDUM FOR (member's name)

(date)

FROM: (Unit Commander)

SUBJECT: Entry into the Self-Paced Fitness Improvement Program (SFIP)

1. Based on fitness assessment results (date), your fitness is below minimum standards. You are entered into the SFIP program effective (date). You should consult your personal health care provider prior to beginning any remedial exercise program.
2. It is your responsibility to meet and maintain AFRC fitness standards consistently throughout your military career. You are encouraged to use educational assets available to you through the USAF Fit to Fight website. *[If available]* You can also voluntarily participate in (*host wing*) HAWC programs. Failure to meet fitness standards after 6 months will lead to administrative action.
3. You may use the AF Form 1975, Personal Fitness Progress Chart. See (*name of UFPM*) for a copy to document your participation in physical fitness activities. You should review your progress documented on the AF Form 1975 with (*name*) on a monthly basis. You can contact (*name of UFPM*) to determine availability of HAWC voluntary intervention programs and web-based education/intervention resources.
4. You will be reevaluated not later than six months. You should make the personal commitment necessary to exercise regularly and meet the fitness standards during the first 180-day period. If you have not reached minimum fitness standards, you will be continued in the SFIP. Failure to meet the standard after 12 months could result in more adverse administrative action to include the possibility of denial of promotion or reenlistment, discharge, or transfer to the inactive Reserve.
5. If you have questions concerning your enrollment in the SFIP you may contact your supervisor, the UFPM, the first sergeant, or me. Acknowledge receipt and understanding by signing the endorsement below.

(Unit Commander's signature block)

1st Ind, (members name)

(date)

TO: (Unit Commander)

I have read your letter placing me in the SFIP. I understand my responsibility to maintain a level of fitness that allows me to successfully complete the AF fitness assessment and to consult my personal health care provider prior to beginning any exercise program.

I also understand that fitness improvement advice given to me by the Wing Fitness Coordinator or my Unit Fitness Program Monitor is advisory, not compulsory and if I fail to meet AF fitness standards after 6 months, I may be subject to adverse administrative action(s).

(member's signature block)

Attachment 19 (Added)**GUIDANCE FOR AIR FORCE RESERVE ADMINISTRATIVE AND PERSONNEL
ACTIONS FOR THE FP**

NOTE: The chart below reflects adjustments in reserve retesting schedule; bases action options on number of retest scores <70 rather than interval length, adds additional reserve-specific options, and considers the circumstances of reserve members who do not have as many options as the AD force for assistance in attaining and maintaining fitness standards).

Retest (note 1)	1st	2nd	3rd	4th
Poor Fitness Score (note 2)	>6 mo	>12 mo	>18 mo	>24 mo
Options				
Verbal Counseling	X	X		
Letter of Counseling	X	X	X	
Letter of Admonition	X	X	X	
Letter of Reprimand	X	X	X	X
Withhold/Delay/Defer Promotion	X	X	X	X
Establish UIF	X	X	X	X
Deny Reenlistment – (may extend for 6-12 mo.)	X	X	X	X
Deny Voluntary Retraining	X	X	X	X
Deny Formal Training	X	X	X	X
Limit Supervisory Responsibilities	X	X	X	X
Remove Supervisory Responsibilities	X	X	X	X
Performance Report Comments on Poor Fit Assessments/Progress	X	X	X	X
Promotion Propriety Action (note 3)	X	X	X	X
Deny Reassignment		X	X	X
Control Roster			X	X
Prepare "Directed by Commander" Report for Poor Fit Assessment			X	X
Administrative Demotion			X	X
Administrative Separation				X(note4)
Retention with appropriate administrative actions from 3 rd Poor Fit score				X(note5)
Transfer to Obligated Reserve Section(ORS) or Non-obligated, Non-participating Ready Personnel Section (NNRPS) (note 6)				X(note7)

NOTES:

1. This table applies to administrative actions against members who are complying with the FP, but have not attained satisfactory results. Failure to attend medical screening or fitness assessment is addressed as a separate issue and is not included in this table. Failure to report for a scheduled fitness assessment may, depending on the circumstances, be deemed a failure to report to an appointed place of duty, punishable as a violation of an Article of the UCMJ (e.g., Article 86, 90 or 92). For example, an LOC, LOA, or LOR is appropriate for a failure to go.
2. Retesting interval for reservists is six months rather than every 3 months (active duty). Options in the first column (Retest 1, >6 months) are at the discretion of the commander; no action is mandatory. Beginning with the second column (2nd retest, >12 months) as a minimum, the first action in each column must be accomplished. This figure provides the normal sequence and timing of administrative action. Unit commanders exercise their discretion when selecting administrative actions for members earning a poor fitness assessment score (<70) or failing to participate. However, unit commander discretion is limited by the options listed in this attachment. Unit commanders should consider the level of effort an individual is making toward their fitness and health conditions as a significant factor when determining the severity of the administrative action. Unit commanders should take progressively more severe administrative actions, based on the number of poor fitness scores an individual has received. Commanders may use one or more of the administrative actions from the appropriate columns at each step. Don't use the same administrative action for more than two consecutive times (except OPR/EPR comments or for members with a composite fitness score <70 for >12 months). Failing to maintain standards or meeting a mandatory appointment doesn't need to be consecutive for administrative actions.
3. Commanders are required to complete a promotion withhold/deferral/non-recommendation memorandum for promotion, an AF Form 418, Selective Reenlistment Program Consideration, and AF Form 1058 for UIF and Control Roster Action, when applicable.
4. The unit commander will make a discharge or retention recommendation when an individual reaches this stage and will make a discharge or retention recommendation for each subsequent poor fitness score until the member obtains a score ≥ 70 . Commanders follow procedures in AFI 36-3209, *Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members* and AFI 36-2504, *Officer Promotion, Continuation and Selective Early Removal in the Reserve of the Air Force*. Transfer to ORS or NNRPS must also be considered yes/no beginning at this stage in lieu of discharge.
5. The availability of this action is dependant on whether or not administrative separation is exercised at this stage
6. Option added – not available to active component.
7. The use of this option should be weighed against use of administrative separation and is applicable where recall of this member would not jeopardize mission readiness. This option must be considered yes/no beginning at this stage and each subsequent failure.

Refer to the following references for promotion reenlistment and extension, formal training, retraining, or assignment procedures: AFI 36-2612, *United States Air Force Reserve (USAFR) Reenlistment and Retention Program*; AFI 36-3209, *Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members*; AFI 36-2115, *Assignments Within The Reserve Component*; AFI 36-2504, *Officer Pro-*

motion, Continuation and Selective Early Removal in the Reserve of the Air Force; AFMAN 36-8001, Reserve Personnel Participation and Training Procedures. (changed – replaces AC references with ARC references)

Attachment 20 (Added)

THREE-MILE WALK FITNESS ASSESSMENT SCORE CHARTS

NOTE: The following fitness score charts provide 3-mile walk scores for sub maximal aerobic testing of reservists.

3-Mile Walk Aerobic Submaximal Test Scores (Males)

<i>Males <25-39</i>		<i>Males 40-49</i>		<i>Males 50+</i>	
3 Mile Walk Time	Component Points	3 Mile Walk Time	Component Points	3-Mile Walk Time	Component Points
<u><31:24</u>	50.00	<u><34:18</u>	50.00	<u><36:00</u>	50.00
31:25-33:00	47.50	34:19-35:36	47.50	36:01-38:18	47.50
33:01-34:24	45.00	35:37-37:42	45.00	38:19-40:18	45.00
34:25-36:00	43.50	37:43-39:18	43.50	40:19-42:36	43.50
36:01-37:48	42.00	39:19-41:00	42.00	42:37-45:06	42.00
37:49-39:18	40.50	41:01-42:54	40.50	45:07-46:36	40.50
39:19-40:30	39.00	42:55-43:42	39.00	46:37-47:30	39.00
40:31-40:54	37.50	43:43-44:12	37.50	47:31-48:18	37.50
40:55-41:18	36.00	44:13-44:36	36.00	48:19-49:12	36.00
41:19-42:36	34.00	44:37-45:24	34.00	49:13-50:06	34.00
42:37-44:18	32.00	45:25-47:36	32.00	50:07-51:48	32.00
44:19-46:24	30.00	47:37-49:42	30.00	51:49-54:48	30.00
46:25-48:36	27.00	49:43-51:48	27.00	54:49-57:54	27.00
48:37-50:42	24.00	51:49-54:48	24.00	57:55-60:54	24.00
50:43-53:18	21.00	54:49-56:54	21.00	60:55-64:54	21.00
53:19-56:42	18.00	56:55-59:30	18.00	64:55-67:54	18.00
56:43-59:36	15.00	59:31-63:18	15.00	67:55-71:00	15.00
59:37-62:36	12.00	63:19-66:18	12.00	71:01-75:18	12.00
62:37-64:18	9.00	66:19-68:24	9.00	75:19-77:54	9.00
64:19-66:00	6.00	68:25-70:54	6.00	77:55-81:00	6.00
66:01-68:36	3.00	70:55-73:30	3.00	81:01-84:00	3.00
<u>>68:37</u>	0.00	<u>>73:30</u>	0.00	<u>>84:00</u>	0.00

3-Mile Walk Aerobic Submaximal Test Scores (Females)

<i>Females <25-39</i>		<i>Females 40-49</i>		<i>Females 50+</i>	
3 Mile Walk Time	Component Points	3 Mile Walk Time	Component Points	3 Mile Walk Time	Component Points
<u><33:06</u>	50.00	<u><35:42</u>	50.00	<u><40:30</u>	50.00
33:07-34:30	47.50	35:43-37:06	47.50	40:31-41:54	47.50
34:31-36:30	45.00	37:07-38:42	45.00	41:55-43:18	45.00
36:31-38:00	43.50	38:43-41:24	43.50	43:19-44:54	43.50
38:01-39:54	42.00	41:25-43:54	42.00	44:55-47:06	42.00
39:55-41:18	40.50	43:55-45:54	40.50	47:07-49:36	40.50
41:19-43:06	39.00	45:55-47:00	39.00	49:37-51:00	39.00
43:07-43:54	37.50	47:01-47:42	37.50	51:01-52:00	37.50
43:55-44:42	36.00	47:43-48:30	36.00	52:01-53:06	36.00
44:43-46:36	34.00	48:31-49:36	34.00	53:07-54:36	34.00
46:37-48:12	32.00	49:37-51:54	32.00	54:37-57:24	32.00
48:13-50:36	30.00	51:55-55:00	30.00	57:25-60:18	30.00
50:37-54:06	27.00	55:01-58:48	27.00	60:19-62:30	27.00
54:07-57:18	24.00	58:49-61:30	24.00	62:31-64:42	24.00
57:19-59:42	21.00	61:31-63:48	21.00	64:43-66:48	21.00
59:43-61:42	18.00	63:49-66:06	18.00	66:49-69:42	18.00
61:43-63:36	15.00	66:07-68:24	15.00	69:43-73:00	15.00
63:37-66:00	12.00	68:25-71:00	12.00	73:01-76:12	12.00
66:01-68:24	9.00	71:01-73:42	9.00	76:13-79:30	9.00
68:25-70:42	6.00	73:43-77:06	6.00	79:31-81:18	6.00
70:43-73:30	3.00	77:07-79:48	3.00	81:19-87:24	3.00
>73:30	0.00	>79:48	0.00	>87:24	0.00

JOHN J. BATBIE JR., Maj Gen, USAF
Commander